

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.  
*101622086*

FILING DATE

APPLICANT(S)

*100-3105*

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1		/				
2		/				
3		/				
4		/				
5		/				
6		/				
7		/				
8		/				
9		/				
10		/				
11		/				
12		/				
13		/				
14		/				
15		/				
16		/				
17		/				
18		/				
19		/				
20		/				
21		/				
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23		/				
24		/				
25		/				
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35		/				
36		/				
37		/				
38		/				
39		/				
40		/				
41		/				
42		/				
43		/				
44		/				
45		/				
46		/				
47		/				
48		/				
49		/				
50		/				
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

*	IND.	DEP.	*	IND.	DEP.	*
61	/		62	/		63
64	/		65	/		66
67	/		68	/		69
70			71			72
73			74			75
76			77			78
79			80			81
82			83			84
85			86			87
88			89			90
91			92			93
94			95			96
97			98			99
99			100			
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						